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CONFIRMATION NO. 8196

<b>SERIAL NUMBER</b> 10/601,579	<b>FILING OR 371(c) DATE</b> 06/24/2003 <b>RULE</b>	<b>CLASS</b> 606	<b>GROUP ART UNIT</b> 3733	<b>ATTORNEY DOCKET NO.</b> 4140-0110P	
<b>APPLICANTS</b> Michael Harold Jones, Cheltenham, UNITED KINGDOM; <b>** CONTINUING DATA *****</b> <i>NONE</i> <i>P</i> <b>** FOREIGN APPLICATIONS *****</b> UNITED KINGDOM 0214635.5 06/25/2002 <i>OK</i> <i>M</i> <b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **</b> <b>** 08/15/2003</b>					
Foreign Priority claimed <input checked="" type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <i>[Signature]</i> <i>[Initials]</i>		<b>STATE OR COUNTRY</b> UNITED KINGDOM	<b>SHEETS DRAWING</b> 1	<b>TOTAL CLAIMS</b> 6	<b>INDEPENDENT CLAIMS</b> 1
<b>ADDRESS</b> 2292					
<b>TITLE</b> SURGICAL NEEDLE HOLDER					
<b>FILING FEE RECEIVED</b> 440	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		